

**CITY OF WATERTOWN APPLICATION FOR PROMOTION EXAMINATION OR EMPLOYMENT**

Adopted 6/2018

MAIL OR DELIVER TO: City of Watertown, Civil Service Commission, 245 Washington Street, Room 205, Watertown NY 13601 Phone (315) 785-7733 ❖ www.watertown-ny.gov

Title of Exam / Position

TYPE OR PRINT CLEARLY IN INK

Exam #

**NAME AND ADDRESS:** IMMEDIATE notice should be given to this office if any changes in name or address occur.

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Social Security #</b>
<b>Legal Address:</b>		<b>Mailing Address (If different from legal):</b>	
Street		Street or PO Box	
Apt/Rd#		City/Village	
City/Village		State	ZIP
Town		<b>E-Mail Address</b>	
School District		<b>Home Phone</b> ( )	
County		<b>Work Phone</b> ( )	
State	ZIP	<b>Cell Phone</b> ( )	

<b>CURRENT TITLE</b>	<b>START DATE</b>
<b>PREVIOUS TITLE</b>	<b>START DATE</b>
<b>PREVIOUS TITLE</b>	<b>START DATE</b>

**VETERAN'S CREDIT:** VETERAN ☐ DISABLED VETERAN ☐ CURRENTLY ON ACTIVE DUTY ☐

Documentation of your veteran status (i.e.: discharge papers) should be attached to your application or mailed to this department. Current active duty military personnel must provide proof of status at time of application to receive conditional credit. Veteran credit claims must be verified before the eligible list is established.

Since January 1, 1951, have you used additional credits as a disabled/non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES ☐ NO ☐

**IF YOU NEED SPECIAL EXAM ARRANGEMENTS (RELIGIOUS ACCOMMODATION OR DISABLED), INDICATE ACCOMMODATIONS NEEDED BELOW:****CONSTITUTIONAL OATH -** I do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and I will faithfully discharge the duties of the position specified on this application according to the best of my ability.**ALL STATEMENTS ARE SUBJECT TO VERIFICATION. IT IS A CRIME, PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN. MIS- REPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR SUBSEQUENT DISCHARGE FROM EMPLOYMENT.**

**DECLARATION:** I declare, subject to the penalties of law, that the statements made in this application (including any accompanying papers) are true and complete to the best of my knowledge. I authorize the City of Watertown to contact school/college and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I further authorize the City of Watertown to obtain my NYS driver's abstract via the License Event Notification System if possession of a driver's license is a qualification for my position I understand that acceptance of this application by the City of Watertown does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability, marital status or criminal record in connection with employment

**PERSONNEL DEPARTMENT USE ONLY:** Reviewer \_\_\_\_\_ Date \_\_\_\_\_Approved ☐ Disapproved ☐ Reason(s): \_\_\_\_\_

Seniority Date: \_\_\_\_\_

Payment Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Waived \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

